

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

6. LEASE DESIGNATION AND SERIAL NO.

NM-0321613

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
E. E. Jack

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 8, T-24-S, R-37-E

12. COUNTY OR PARISH 13. STATE
Lea NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Doyle Hartman

3. ADDRESS OF OPERATOR
Post Office Box 10426 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

990 FNL & 660 FWL (D) Section 8

14. PERMIT NO.
30-025-70299

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3312.0 G.L.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Spud and set casing

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spudded well at 1:00 a.m. CDT 9-28-85. Drilled well to a total depth of 402'. Ran 10 joints (402.56') of 9-5/8" OD, 40 lb/ft, ST&C casing and landed at 402'. Cemented with 200 sx of API Class C cement containing 2% CaCl. Plug down at 2:15 p.m. 9-28-85. Circulated 60 sx of excess cement to pits. WOC 19 hours.

18. I hereby certify that the foregoing is true and correct

SIGNED Michelle Hernandez TITLE Administrative Assistant DATE October 2, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

GWD
OCT 4 1985

*See Instructions on Reverse Side

RECEIVED
OCT - 8 1985
O.C.D.
HOEBS OFFICE